

PART IV – Medical Release Form

As the parent, guardian, or next of kin of:

I give permission for him/her to receive necessary, routine medical attention from the University of North Georgia Infirmary (Student Health Services) or U.S. Army trained and certified **68W** medic while attending any training session. I also give permission for emergency medical problems to be treated at Chestatee Regional Hospital in Dahlonega.

Whom should we contact in case of an emergency?

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Does your child have allergies or other health problems we should know about?

Please specify: Yes No

Does your child require medications of any kind? Yes No If yes, please give the name of the medication and specify the dosage and time of day to administer.

Is your child allergic to bee stings? Yes No

Has your child ever been a heat casualty? Yes No

Insurance Carrier:	Policy Number:
Signature	Date

UNG | UNIVERSITY of
NORTH GEORGIA™
THE MILITARY COLLEGE OF GEORGIA

PART V – Photographic Image Release

I understand that my child may appear in photographic images made during the course of training and that UNG may use these photos to publicize the program in a variety of media platforms.

I hereby grant to UNG the absolute and irrevocable right and unrestricted permission in respect to photographic portraits or pictures taken of my child or in which my child may be included with others, to copyright the same, in the name of the institution; or to use, re-use, publish, and re-publish the same in whole or in part, individually or in any and all media now or hereafter known, for the purpose of publicizing the programs and services of the institution.

I hereby release and discharge the institution from any and all claims and demands arising out of or in connection with the use of photographs, including without limitation any and all claims for libel or invasion of privacy.

I am the parent or legal guardian of the child named below and have the right to contract in his/her name. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon my child, heirs, any legal representatives, assigns, and myself

Child's Name	Guardian Name
Witness Name:	Guardian Sign
Witness Sign:	Address:
Date:	

If you need this document in a different format please e-mail cadetrecurring@ung.edu or call 706-867-2918.